

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29706

1. PLACE OF DEATH

County Jackson

Registration District No. 389

Township Richman

Primary Registration District No. 100

City Kansas City (No. Menorah Hosp.)

File No. 3630

Registered No. 3630

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 2547 Prosser St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Martin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1887

7. AGE YEARS 46 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9-12-33 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Anna O'Hara

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mattie Martin 2547 Prosser

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 9-13-33

19. UNDERTAKER (ADDRESS) Carr-Henderson and Co 3024 Prosser

20. FILED 9-13-33 M. M. Corrine Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-12, 1933, to 9-12, 1933

I last saw him alive on 9-12, 1933. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation clinical Date of operation 9-12-33
What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 9-12-33

Where did injury occur? Menorah Hospital (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Yes
(Signed) Nathan Rosenberg
(Address) 3024 Prosser

